

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 7444432 FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | /        |      |                        |      |                        |      |
| 2            | /        |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
| 4            |          |      |                        |      |                        |      |
| 5            | /        |      |                        |      |                        |      |
| 6            | /        |      |                        |      |                        |      |
| 7            | /        |      |                        |      |                        |      |
| 8            | /        |      |                        |      |                        |      |
| 9            |          |      |                        |      |                        |      |
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| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   | 3        |      |                        |      |                        |      |
| TOTAL DEP.   | 5        |      |                        |      |                        |      |
| TOTAL CLAIMS | 8        |      |                        |      |                        |      |

|              |      |      |
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| *            | *    | *    |
| IND.         | DEP. | IND. |
| 51           |      |      |
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| 100          |      |      |
| TOTAL IND.   |      |      |
| TOTAL DEP.   |      |      |
| TOTAL CLAIMS |      |      |